Application Number   09/751,215	Substitute for Form 1449/PTO				Complete if Known		
Shell   TEMENT BY APPLICANT   (use as many sheets as necessary)	NEODWATION DISCLOSURE					Application Number	09/751,215
Shell   TEMENT BY APPLICANT	E HITORIVIA HON DISCLUSURE					Filing Date	December 29, 2000
Number-Kind Code <sup>2</sup> (If known)   Shimomura   Lines   Lines	/ -	STBATT	EME	ENT BY APPLICAN	Γ	First Named Inventor:	Andrew Yeoh
Number-Kind Code <sup>2</sup> (If known)   Shimomura   Lines   Variable   Variable	(use as many sheets as necessary)					Art Unit	2811
Number-Kind Code <sup>2</sup> (If known)   U.S. PATENT DOCUMENTS						Examiner Name	
Cite No.	Sheev	of 1		Attorney Docket Number			
Cite No.   Document Number		AU		U.S. PATEN	T DOCUMENTS		
Us- 4,752,334 06-21-1988 Nadkarni et al. —  Us- 6,181,012 B1 01-30-2001 Edelstein et al. —  Us- 6,352,920 B1 03-05-2002 Shimomura —  Us- 6,432,819 B1 08-13-2002 Pavate et al. —  Us-		Cite No.	Numl	Document Number	Publication Date	Name of Patentee or	Where Relevant Passages
Vm         US         4,752,334         06-21-1988         Nadkarni et al.           Vm         US         6,181,012 B1         01-30-2001         Edelstein et al.         —           Vm         US         6,352,920 B1         03-05-2002         Shimomura         —           US         US-         US-         —         —           US-         US-         —         —         —           US-         US-         —         —         —         —           US-         US-         —	<u> </u>		US-	3,779,714	12-18-1973	Nadkarni et al.	-
Via         US- 6,181,012 B1         01-30-2001         Edelstein et al.	V <sub>m</sub>		US-		06-21-1988	Nadkarni et al.	-
Us-			US-	6,181,012 B1	01-30-2001	Edelstein et al.	
US-	<u>^</u>		US-	6,352,920 B1	03-05-2002	Shimomura	-
US-	Vn		US-	6,432,819 B1	08-13-2002	Pavate et al.	( No.
US-			US-				1
US-			US-				
US-			US-				<u> </u>
US- US- US- US-			US-				
US-			US-				
US- US-			US-				
US-			US-				
			US-				
US.							
			US-				

Examiner	Cite	Foreign Patent Document	Publication	Name of Patentee or	Pages, Columns, Lines,	lπ
Initials*	No.1	Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>3</sup> (if known)	Date MM-DD-YYYY	Applicant of Cited Document	Where Relevant Passages or Relevant Figures Appear	
	-					

				7
Examiner	31,113	. (. )	Date Considered	na/oalo4
Signature	HUNG	VO		0.40.10.

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 'Applicant's unique citation designation number (optional). 'See Kinds Codes of USPTO Patent Documents at <a href="https://www.uspto.gov">www.uspto.gov</a> or MPEP 901.04. 'Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 'For Japanese patent documents, the indication of the year of reign of the Emperor must precede the serial number of the patent document. 'Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. 'Applicant is to place a check mark here if English language translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Substitute for Form 1449/PTO	Complete if Known
D C DTO/CD/004 (00 03)	COLOCE TAVILOD & TATHANILL D on 00/40/02